cessation in our rheumatology clinics and outpatient practices.

MARIA MOUYIS
Specialist registrar in rheumatology and general medicine

SONYA ABRAHAM
Senior lecturer and honorary consultant in rheumatology and general medicine

Charing Cross Hospital, Imperial College Healthcare Trust

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Is it time to replace the bleeper system with smart phones?

The 'bleeper' system has been in place for a long time, but it has its limitations. For example the range of bleepers is limited, bleepers are unable to receive text messages and there is no way of knowing whether or not the bleeper-holder is busy. During the last decade mobile phones have revolutionised the way we communicate and the introduction of smart phones has brought medical information to our finger tips. So could smart phones replace the bleepers in our day-to-day work? To explore this we undertook a survey to find out whether physicians are already using smart phones in the care of their patients and whether they would prefer smart phones over bleeps.

We sent a questionnaire to all doctors working in the local medical directorate. We enquired about whether they use mobile phones in the care of their patients, eg for discussion with other colleagues, taking images, surfing and using medical applications. We also enquired about whether they would prefer smart phones instead of bleepers.

52 out of the 80 physicians questioned responded. These included 24 (46%) consultants, 8 (16%) middle grade doctors (specialist registrars and specialist doctors and associate specialists) and 20 (38%) junior doctors (foundation year and core medical trainees).

13/24 (54%) consultants regularly use their mobile phones to deal with patients' care and 18/24 (75%) would prefer replacing bleepers with smart phones. 4/8 (50%) middle grade doctors use mobile phones in patients' care and 6 (75%) would prefer a smart phone. 8/20 (40%) junior doctors use mobile phone in patients' care and 10 (50%) would prefer to use a smart phone.

The clinical uses of mobile phones included contacting clinicians to discuss patients' care (when not on site and during oncall), to take pictures for specialist opinion (eg skin disorders, photographs with clinical signs and videos), to surf the internet to seek medical information (Google, BNF, UpToDate) and to use applications like clinical scoring systems (eg NIH stroke scale, CHADS2VASc).

Our survey revealed that around 50% of medical staff use mobile phones regularly and around 75% would prefer a smart phone for clinical use. The average cost of a bleeper is around £270 (local data) and long range pagers cost an additional £20 per month for line rental. Smart phones are cheaper and have more clinical uses than a bleeper. Therefore we feel it is time to replace the bleeper system with smart phones.

K SAJJAD,
S SHANDILYA,
V ADHIYAMAN

Department of Care of the Elderly, Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, North Wales